

## **NHS Kidney Care Workshop on Home Dialysis Therapies**

A Symposium on Home Dialysis took place in Manchester during October 2009. On the second day of the meeting, NHS Kidney Care organised a workshop to promote discussion and gather the thoughts of the assembled home dialysis experts and enthusiasts. Over 70 people participated and attempted to answer the following three questions:

- 1. What prevents units from having successful home dialysis programmes?**
- 2. What are the key elements required for a successful unit?**
- 3. How will YOU contribute from here?**

### **1. What prevents units from having successful home dialysis programmes?**

#### **• Clinical Team**

Lack of leadership, limited promotion of availability or benefits  
Lack of knowledge or education regarding benefits particularly for junior staff  
Inertia, lack of enthusiasm, historical practice limits  
Physician bias – traditionally decided on which modality for which patient.  
Preconceptions about ability of patient/carer to cope (medical & nursing staff)  
Perceived or real lack of demand  
Prohibitive policies – such as no lone home dialysis  
Difficulties identifying suitable patients

#### **• Patients**

Lack of genuine choice, especially if English not first language  
Lack of knowledge or awareness of benefits/potential  
Lack of suitable role models or advocates locally  
Fear of technology  
Fear of needling  
Concerns regarding risks in event of adverse events at home  
Negative impact of in-centre exposure  
Those without 'suitable' homes or 'carers'

#### **• Resources**

Perceived high capital costs; especially for units with no or limited HHD programme  
Perceived need for carer at home, lack of support for carers (financial/emotional)  
Perceived insurmountable lack of resources  
Limited training capacity  
Potential negative impact of new satellite units  
Uncertain demand  
Existing need for home conversions/installations and uncertain true cost  
Availability of new technologies  
Monitoring and support of home therapy

## 2. What are the key elements required for a successful unit?

### • Clinical Team

Clinical leadership, courage and vision

Change culture to 'can do', wider enthusiasm and advocacy for HD

Increased education for all staff; incorporate home therapies into curricula

Earlier interventions

Creating right team and environment in evolving process, reviewed regularly

Dedicated HHD teams, greater creativity in meeting patient choice

Trusting patients, transfer risk to patients as appropriate

Sharing of best practice

### • Patients

Creating environment for genuine choice e.g. choice rooms

Listening to patients' views

Patient support network

Empowerment of all patients, encouraging self-care for all, not a select few

Review choices across modalities regularly

More high profile publicising of strong patient examples

Increased training flexibility; shift training to home early

### • Resources

National directives, clear protocols and streamlined pathways

Use of uniform tariff to incentivise self-care

Involvement of commissioners from outset

Identify and reach all stakeholders

Incorporate private providers as appropriate for training/machine service etc

Dedicated HHD training units/self-care units if home not available

Sharing of best practice, funding training of existing or employment of new staff

Examine feasibility and long-term cost/benefits of new technology

Standardise installation process

## 3. How will YOU contribute from here?

### • Clinical Team

Push for clinical leadership on HHD, support development of champions

Recognise no single or simple solution to improve access to HHD

Channel existing enthusiasm into building partnerships and networks that better enable and support local implementation

Change culture amongst staff at all levels